INVOICE FOR PROVISIONAL FIRE CERTIFICATE OF OCCUPANCY

For 1-family and 2-family dwellings not occupied by owner

PLEASE LIST ADDITIONAL ADDRESSES ON THE REVERSE SIDE OF THIS PAGE.

Return this entire page with your payment.

Property Address:		Number of units (circle): 1 2
Additional addresses, please	e note, (1) or (2) units in dwelling	
Owner Name(s):	Mailing Address of Own	ner:
Telephone number(s):	Circle:	me Work Cell Fax
	Но	me Work Cell Fax
	Но	me Work Cell Fax
Mail to: Fire Inspections 375 Jackson Street, St. St. Paul, MN 55101 Cash** Check * Make cl. ** Do Not Mail Cash	MG 220	(Add \$50 for each additional dwelling.) Payment Amount
IF PAYING BY CREDIT CARD If paying by credit card, you may You must sign and date this form	30. <u>-</u>	LOWING INFORMATION: 66-9124
American Express	Discover MasterCar	d Visa
Expiration: Ac	count Number:]
Print name as it ap	pears on credit card	-
Cardholder Signature		Date